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DEGLADATI	ON 50	D 11711 171/ 0.D	Attorney Docket Number	A080 US CP
	DESIG	R UTILITY OR N	First Named Inventor	Browning
		ICATION	COMPLETE	FKNOWN
	7 CFR 1		Application Number	10/077,438
	_	3	Filing Date	February 15, 2002
☐ Declaration Submitted	OR U	Declaration Submitted after Initial	Group Art Unit	
with Initial Filing		Filing (surcharge (37 CFR 1.16 (e))	Examiner Name	

**Examiner Name** 

,	As a below named inventor, I he	reby declare that:					
ı	My residence, mailing address, an	d citizenship are as stat	ted below next to my nam	ne.			
i 1	believe I am the original, first and names are listed below) of the sub	sole inventor (if only or ject matter which is clai	ne name is listed below) of med and for which a pate	or an original, first ent is sought on th	and joint inventor (if plural ne invention entitled:		
	Baff Receptor (BCMA), An I	mmunoregulatory Ag	gent				
Ī	the energification of which	(7	itle of the Invention)				
	the specification of which						
	is attached hereto		as United St	tataa Annlinatian N	Number or PCT International		
	was filed on (MM/DD/YYYY)	February 15, 2		iales Application i	Number of PC1 International		
	Application Number 10/07		mended on (MM/DD/YY)	γγ\	(if applicable).		
	I hereby state that I have reviewe		,	, —			
	amended by any amendment spe			itineo specification	n, including the claims, as		
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
	PCT international filing date of the	continuation-in-part ap	plication.	ng date of the prior	r application and the national or		
	PCT international filing date of the I hereby claim foreign priority ber certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation	e continuation-in-part ap nefits under 35 U.S.C. 1 international application also identified below.	plication.  19(a)-(d) or 365(b) of an which designated at lead by checking the box. a	ny foreign applica ast one country of	tion(s) for patent or inventor's ther than the United States of ation for patent or inventor's		
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[Page 1 of 2]
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# **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: I I	ustomer Nu Bar Code				ORK	Correspondence address below
Name Timothy P. Link	ckila		<u></u> -			
Address BIOGEN, INC.						
Address 14 Cambridge Cent	er		·	1		
City Cambridge	······			State	MA	ZIP 02142
Country		Telephon		() 679-3	795	(617) 679-2838
I hereby declare that all statements mad are believed to be true; and further that made are punishable by fine or imprisor validity of the application or any patent is	these state iment, or bo	ements wei oth, under 1	re made wi	th the ki	nowledge that willf	ul false statements and the like so
NAME OF SOLE OR FIRST INV	ENTOR:			A petit	ion has been fil	ed for this unsigned inventor
Given Name Browning (first and middle [if any])				Family or Suri		Jeffrey
Inventor's Signature				<del>- ,</del>		Date
Residence: City Brook	line		State	ΜА	Country US	Citizenship
Mailing Address 32 Milton F	Road					
Mailing Address						
City Brookline	State	MA		ZIP	02146	US Country
NAME OF SECOND INVENTOR	:			A peti	tion has been fi	ed for this unsigned inventor
Given Name Ambrose (first and middle [if any])				Family or Sur		Christine
Inventor's Signature			-			Date
Residence: City			State	MA	Country US	Citizenship
Mailing Address 197 Wakefield Str	eet					
Mailing Address						
City Reading	State	MA		ZIP	01867	Country
Additional inventors are being named		suppleme	ental Additio		ntor(s) sheet(s) PT	O/SB/02A attached hereto

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## **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_\_\_ of \_\_\_

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Name of Addition	nal Joint Inventor, if any	<b>/</b> :	[	_ ^	petitio	n has been file	d for thi	is unsigr	ed inv	entor
Given Nar	me (first and middle [if any])			Family Name or Sumame						
MacKay						Fa	bienne			
Inventor's Signature			-					Date		
Residence: City	Vaucluse	State	NSW	c	ountry	AU		Citizens	hip	AU
Post Office Address	1 Belah Gardens									
Post Office Address										
City	Vaucluse	State	NSW		ZIP	2030	Country	,	Αl	J
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Inventor's Signature	17.15	لاه ر	2/2					Da	te	Hay 1
Residence City	Epalinges	State		С	ountry	СН		Citize	nship	СН
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City	Epalinges	State			ZIP	Ch-1066	Coun	try	(	СН
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#### **DECLARATION**

#### **ADDITIONAL INVENTOR(S)** Supplemental Sheet Page \_\_\_ of \_\_\_

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Name of Addition	nal Joint Inventor, if an	y:		□ A	petitio	n has been file	d for th	is unsign	ed inv	entor
Given Na	me (first and middle [if any]	)		Family Name or Sumame						
Thompson						Jeffrey				
Inventor's Signature								Date		
Residence: City	Stoneham	State	MA	c	ountry	02180		Citizensi	nip	US
Post Office Address	60 Newcomb Road									
Post Office Address										
City	Stoneham	State	MA		ZIP	02180	Country		0218	30
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Inventor's Signature								Dat	e	
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#### **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

OR

□ Declaration Submitted with Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Numb	per A080 US CP
First Named Inventor	Browning
COMPLET	TE IF KNOWN
Application Number	10/077,438
Filing Date	February 15, 2002
Group Art Unit	
Examiner Name	

As a below named inventor, I he	reby declare that:			
My residence, mailing address, an	d citizenship are as sta	ted below next to my na	ame.	
I believe I am the original, first and names are listed below) of the sub	sole inventor (if only or ject matter which is cla	ne name is listed below imed and for which a pa	) or an original, firs	t and joint inventor (if plural ne invention entitled:
Baff Receptor (BCMA), An I	mmunoregulatory A	gent		
	(7	itle of the Invention)		
the specification of which				
is attached hereto			<b>.</b>	
was filed on (MM/DD/YYYY)	February 15, 2		States Application I	Number or PCT International
Application Number 10/07:		<del></del>		(if applicable).
Application Number 10/07	7,438 and was a	mended on (MM/DD/Y	YYY)	
I hereby state that I have reviewed amended by any amendment spe	d and understand the co cifically referred to above	ontents of the above ide ve.	entified specification	n, including the claims, as
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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
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Additional foreign application	numbers are listed on a	supplemental priority of	data sheet PTO/SB	/02B attached hereto:
I hereby claim the benefit under		<del> </del>		
Application Number(s)		e (MM/DD/YYYY)		
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60/181,684	02	/11/2000		ental priority data sheet
60/183,536	02	/18/2000	PTO/SB	02B attached hereto.

[Page 1 of 2]
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# **DECLARATION** — Utility or Design Patent Application

	ustomer Number Bar Code Label			OR X	Соп	respondence address below
Name Timothy P. Link	ckila					
Address BIOGEN, INC.	-					
Address 14 Cambridge Cent	er		Τ			
City Cambridge			State	MA	ZI	P 02142
Country	Telephon		) 679-37	95	Fa	(617) 679-2838
I hereby declare that all statements mad are believed to be true; and further that made are punishable by fine or imprisor validity of the application or any patent is	these statements we nment, or both, under	ere made wi	th the kno	wledge that v	villful fa	alse statements and the like so
NAME OF SOLE OR FIRST INV	ENTOR:		A petitio	n has been	filed	for this unsigned inventor
Given Name Browning (first and middle [if any])			Family N			Jeffrey
Inventor's Signature	reuni					し( 25(0 2 Date
Residence: City Brook	line	State	1A c	ountry	S	US Citizenship
Mailing Address 32 Milton I	Road					
Mailing Address		• .			_	
City Brookline	MA State		1 ->	•		US
NAME OF SECOND INVENTOR	:				ed	for this unsigned inventor
Given Name AIIIUIUSE						Christine
(first and middle [if any])				•	-	
Inventor's Christina (	Inknow		-			Date 4129/02
Reading Reading					;	Citizenship
Mailing Address 197 Wakefield Str	reet					-
Mailing Address						
City Reading	MA State		ZIP			Country
Additional inventors are being named		ental Additio	nal Invent	or(s) sheet(s)	PTO/S	SB/02A attached hereto.

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### **DECLARATION**

#### **ADDITIONAL INVENTOR(S)** Supplemental Sheet Page \_\_\_ of \_\_\_

Name of Addition	nal Joint Inventor, if an									
	me (first and middle [if any]			<u> </u>	A petitio	n has been file			ed inv	entor
MacKay	, , , , , , , , , , , , , , , , , , , ,	,		Family Name or Surname Fabienne						
Inventor's			1							
Signature  Residence: City	Vaucluse	State	NSW	T.	ountry	AU		Date Citizens	hip	AU
Post Office Address	1 Belah Gardens									
Post Office Address										
City	Vaucluse	State	NSW		ZIP	2030	Countr	y	ΑU	J
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Given Na	me (first and middle [if any]	)				Family Na	me or S	Surname		
	Tschopp						Jurg	ţ		,
Inventor's Signature								Da	te	
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	Schneider					Ī	Pascal			
Inventor's Signature		-						Da	te	
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## **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_\_\_\_ of \_\_\_\_

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	nal Joint Inventor, if an		-	ᆫᆜ	A petition has been filed for this unsigned inventor  Family Name or Surname					entor
	me (first and middle [if any])	<del>)</del>						Julilaille		
Thompson				<u> </u>			ffrey	- , ,	<del></del>	
Inventor's Signature	YHATThis-							4/24/0 Date	۲	
Residence: City	Stoneham	State	MA		Country	02180		Citizensi	nip	US
Post Office Address	60 Newcomb Road									
Post Office Address						· · · · · · · · · · · · · · · · · · ·				
City	Stoneham	State	M.	A	ZIP	02180	Countr	у	0218	0
Name of Addition	nal Joint Inventor, if an	y:			A petitio	n has been file	d for th	nis unsign	ed inve	entor
Given Na	me (first and middle [if any]	)				Family Nai	ne or S	Surname		
Inventor's Signature			,					Dat	e	
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Attorney Docket Number

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Availage

Browning

## **DESIGN** PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing

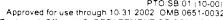
OR

☑ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

<u>'                                    </u>	
Attorney Docket Number	A080 US CP
First Named Inventor	Browning
COMPLETE	FKNOWN
Application Number	10/077,438
Filing Date	February 15, 2002
Group Art Unit	
Examiner Name	

As a below named inventor, I he	reby declare that:			
My residence, mailing address, and	d citizenship are as sta	ited below next to my nar	me.	
I believe I am the original, first and names are listed below) of the sub	sole inventor (if only o	ne name is listed below) iimed and for which a pat	or an original, firs tent is sought on t	t and joint inventor (if plural he invention entitled:
Baff Receptor (BCMA), An I	mmunoregulatory A	gent		
	(1	Title of the Invention)		
the specification of which				
is attached hereto				
OR			tates Application I	Number or PCT International
₩ was filed on (MM/DD/YYYY)	February 15, 2	2002		(if analianta)
Application Number 10/077	438 and was a	amended on (MM/DD/YY	w [	(if applicable).
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I hereby state that I have reviewed amended by any amendment spec	l and understand the co difically referred to above	ontents of the above ider ve.	ntified specificatio	n, including the claims, as
acknowledge the duty to disclose	information which is m	naterial to patentability as	s defined in 37 CF	R 1.56, including for continuation-
in-part applications, material inform PCT international filing date of the	nation which became a	available between the filin	ng date of the prio	r application and the national or
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I hereby claim foreign priority ben certificate, or 365(a) of any PCT in	efits under 35 U.S.C. 1	119(a)-(d) or 365(b) of an	ast one country o	ther than the United States of
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ertificate, or 365(a) of any PCT in America, listed below and have certificate, or any PCT international Prior Foreign Application Number(s)  PCT/USON/22.307  Additional foreign application in hereby claim the benefit under Application Number(s)  60/149.378  60/181,684	efits under 35 U.S.C. 1 nternational application also identified below, al application having a f  Country  PC I  numbers are listed on a 35 U.S.C. 119(e) of an  Filing Dat  08.	119(a)-(d) or 365(b) of an which designated at lead by checking the box, a filing date before that of the box	ast one country only foreign application on Priority Not Claimed  ata sheet PTO/SB and application(s)  Additional numbers supplements	ther than the United States of ation for patent or inventor's which priority is claimed.  Certified Copy Attached? YES NO  O2B attached hereto: isted below.  at provisional application are listed on a ental priority data sheet
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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:  Customer Number or Bar Code Label  OR  Correspondence address below										
Name Timothy P. Linkkila										
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Address 14 Cambridge Center										
City Cambridge				State	MA	ZIP 02142				
Country	untry USA Telephone (61				3795	(617) 679-2838				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST INVENTOR:										
Given Name Browning (first and middle [if any])				Family or Sur		Jeffrey				
Inventor's Signature	Date									
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Mailing Address										
City Brookline	Brookline MA State			ZIP	02146	US Country				
NAME OF SECOND INVENTOR	:			A peti	tion has been fi	led for this unsigned inventor				
					Christina					
(first and middle [if any])				or Surname						
Inventor's Signature Date										
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<b>City</b> Reading	State	MA		ZIP	01867	Country				
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto										

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### **DECLARATION**

#### ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_\_\_\_ of \_\_\_

		_									
Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any])				Family Name or Surname							
MacKay				Fabienne							
Inventor's Signature	Mackay				C				4/31/2α ≧ Date		
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City	Vaucluse	State	NSW	7 ZIP 2030 Cou		Country	AU AU		T		
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Given Name (first and middle [if any]) Family Name or Surname											
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Inventor's Signature	Date										
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Post Office Address	Post Office Address										
City	Epalinges	State			ZIP	Ch-1066	Coun	ountry CH		СН	
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any]) Family Name or Surname											
Schneider Pascal											
Inventor's Signature						Da	Date				
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Post Office Address	58										
Post Office Address											
City	Epalinges	State			ZIP	Ch-1066	C	Country		СН	

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**DECLARATION** 

#### **ADDITIONAL INVENTOR(S)** Supplemental Sheet Page \_\_\_ of \_\_\_

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname							
Thompson				Jeffrey							
Inventor's Signature								Date			
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Post Office Address											
City	Stoneham	State	MA	ZI	P	02180	Country	0218		30	
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])					Family Name or Surname						
Inventor's Signature							Dat	e			
Residence: City		State		Cou	untry			Citizenship			
Post Office Address											
Post Office Address	Post Office Address										
City		State			ZIP		Coun	ntry			
Name of Addition	nal Joint Inventor, if an	y:		] A p	oetitio	n has been filed	d for th	is unsign	ed inv	entor	
Given Name (first and middle [if any])					Family Name or Surname						
Inventor's Signature								Dat	e		
Residence: City		State		Country		Citizenship					
Post Office Address											
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City		State			ZIP		c	Country			

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